

Improving Health Through Leadership



Superior HealthPlan needs your guidance to help improve the health of our members.

Why Superior?

Superior's culture, systems and processes are structured around our mission to improve the health status and delivery of health-care outcomes to all members through our Quality Assessment and Performance Improvement (QAPI) Program.

Superior's QAPI program works to help members achieve the highest possible levels of functioning and wellness. It is comprehensive, incorporating all demographic groups, lines of business, benefit packages and care settings. The QAPI program also integrates performance improvement projects, including preventative, emergency, primary, specialty, acute, long-term and short-term care and ancillary services.

How can you help?

Join a Superior committee to support members' health-care experience.

- Help plan, design, implement, monitor and direct Superior's QAPI program and institute needed actions.
- Monitor internal systems and activities that improve administrative processes related to medical and behavioral health care, as well as the quality of care and service provided to members.

Which committee is right for you?

Quality Improvement Committee (QIC)

Assess the quality of care and services delivered to continuously improve the care and services provided to members.

Pharmacy and Therapeutics Committee (P&T)

Oversee the management of pharmacy benefit resources while ensuring that quality care is provided and that members can easily access prescription services.

Utilization Management Committee (UMC)

Monitor and analyze relevant data to detect and correct patterns which may impact health care, coordination of care, pharmacy utilization, appropriate use of services and resources, as well as member, Medical Consenter, Caregiver and provider satisfaction.

Credentials Committee (CC)

Evaluate physician and provider qualifications, certifications and penalties, which aide in the decision to credential and/or re-credential providers for participation in Superior's provider network.

For more information or to join a committee, contact: SHP.HEDIS@SuperiorHealthPlan.com

✓ Quality Improvement Committee (QIC)

Join the senior-level QIC and you will analyze, evaluate and make recommendations for:

- Quality Improvement activities:
 - » HEDIS initiatives
 - » Clinical/non-clinical indicators
 - » Compliance with Practice Guidelines
 - » Network adequacy and practitioner availability
 - » Customer service indicators
 - » Member and provider satisfaction surveys
 - » Provider profiling
 - » Member complaints analysis
 - » Credentialing and UM effectiveness
- Quality standards, benchmarks, performance goals and practice guidelines as a means to promote appropriate, standardized quality of care and compliance.
- The Peer Review Committee (PRC).

The QIC meets bi-monthly.

✓ Utilization Management Committee (UMC)

Join the UMC and you will review and make recommendations for:

- Superior's Utilization, Case and Disease Management activities.
- Appropriateness of care reports to identify trends and/or patterns of over- or under-utilization.
- Provider-specific facility and/or geographic areas for trends, patterns and any suspected inappropriate service utilization.

The UMC meets bi-monthly.

✓ Pharmacy and Therapeutics Committee (P&T)

Join the P&T committee and you will review and recommend changes to:

- Existing drug coverage in consideration of changes in FDA-approved labeling, safety concerns or current market conditions.
- Criteria guidelines for the use of restricted access and non-preferred drug therapy.
- Drug Utilization Review initiatives delegated to Superior's Pharmacy Benefit Manager and sent to Superior for provider or member intervention.
- Administrative policies and procedures and assist in identification of QI programs that employ Drug Use Evaluation.
- Policies and procedures governing provision of the Medicaid/CHIP and Medicare pharmacy benefits.

The P&T meets quarterly.

✓ Credentials Committee (CC)

Join the CC and you will:

- Develop and review the credentialing program description and charter, and policies and procedures.
- Oversee delegated credentialing activities and review all delegated provider audits, credentialing and re-credentialing reports and networks.
- Ensure network providers, facilities and practitioners are qualified, properly credentialed and accessible to Superior members.

The CC meets monthly.

Appeal Panel Participation Participating providers with Superior are offered appeal rights upon the decision to remove or reduce their participating network status with Superior. So when a provider appeals, Superior must recruit three (3) Superior participating providers for panel membership. Appeal panel members are paid a stipend for their participation and the appeal hearing is held via a one (1) hour teleconference call. If you are interested in being added to Superior's appeal panel pool of candidates let us know.